

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Teamster-Ohio Contractors Assoc. Health&amp;Welfa

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 435 South Hawley Street

City Toledo

State Ohio ZIP Code + 4 43609

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 435 South Hawley Street

City Toledo

State Ohio ZIP Code + 4 43609

## 11.a. Nature of such dealing.

Provides Benefits for Members of Teamster Local Union No. 377

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimburse Expenses For Traveling, Accommodations &amp; Meals during Conferences in Hawaii &amp; 3 Board Meetings in Columbus, Ohio .

## 12.b. Amount.

\$4,581

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.